Instructions for Registering as a Vehicle Protection Product Warrantor in New Jersey

After April 1, 2008, no one may operate as a Warrantor or represent that he or she is a Warrantor unless he or she is registered with the Division of Consumer Affairs.

Form of Warranty: The warranty must:

- 1. Identify the Warrantor, seller, the warranty holder and the terms of sale.
- 2. State:
 - (1) the obligations of the Warrantor to the warranty holder, and
 - (2) that those obligations are guaranteed under a warranty reimbursement insurance policy;
 - (3) Conspicuously state that if the payment due under the terms of the warranty is not provided by the Warrantor within 60 days after proof of loss has been filed pursuant to the terms of the warranty by the warranty holder, the warranty holder may file directly with the warranty reimbursement insurance company for reimbursement.
 - (4) <u>Conspicuously</u> state the name and address of the company issuing the warranty reimbursement insurance policy and, if different, the name and complete address at which a claim may be filed; and
 - (5) Contain a disclosure that reads substantially as follows:

THIS AGREEMENT IS A PRODUCT WARRANTY, NOT INSURANCE, AND IS UNDER THE PURVIEW OF THE DIVISION OF CONSUMER AFFAIRS.

<u>Changes</u>: Any changes, additions or deletions to the information in the Registration Application must be reported to the Regulated Business Section within 30 days of the change.

<u>Question Five (a)</u>: If you answer "Yes," your registration will be denied until you provide the Division with a written release issued by the lenders or guarantors stating that you have cured the default or are making payments on the loan in accordance with a repayment agreement approved by the lender or guarantor.

Question Five (b): If you answer "Yes," your registration will be denied until the court or the Probation Division certifies that the conditions that resulted in the denial are satisfied.

Question Five (c): Federal law limits the issuance or renewal of professional or occupational licenses, certificates or registrations to U.S. citizens or qualified aliens. To comply with the federal law, you must indicate whether you are a U.S. citizen or a legal alien. Check the appropriate box and, if you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S.Citizenship and Immigration Services (USCIS). Questions about your immigration status and whether or not it qualifies you for work under federal law should be directed to the USCIS at 1-800-375-5283. If you are not a U.S. citizen and do not fall within any of the alien status categories in the application, please check "other."

Question Six: If you are not sure whether your business requires a Federal Employer Identification Number (FEIN), information on the following Web site may help you: www.irs.gov. Under the section labeled "Information For" double-click on "Businesses." In the section "Related Topics" double-click on "Employer ID Numbers." If your principal business or office is in New Jersey, you may write to the "Internal Revenue Service Center" at: Attn: EIN Operations, Holtsville, NY 00501 or call 1-800-829-4933.

<u>Question Eight</u>: "Administrator" means a third party other than the Warrantor, designated by the Warrantor to be responsible for the administration of the vehicle protection product warranties.

Revised: November 10, 2015



New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Regulated Business Section
124 Halsey Street, 7th Floor, P.O. Box 45028
Newark, New Jersey 07101
(973) 504-6370

Vehicle Protection Product Warrantor Registration Application

(Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act.)

Notice: Any changes, additions or deletions to this information must be reported to the Regulated Business Section within 30 days of the change.

1.	Business Name of Warrantor: (Include a copy of the filed Certificate of Incorporation or other document evidencing the formation of the business entity and authority to do business in New Jersey.)
2.	All other names under which Warrantor does business:
	(Include a copy of the Registration of Alternate Name.)
	Type of business: Corporation L.L.C. Partnership Sole Proprietor Other (please specify)
3.	Warrantor's principal address (no post office boxes):
	All other addresses at which Warrantor does business:
4.	Warrantor's telephone number (include area code): Fax number (include area code): E-mail:
	If the applicant is a sole proprietorship, complete questions five and six.
5.	(a) Is the applicant in default of a New Jersey or federal direct or guaranteed educational loan? If "Yes," see the instructions.
	(b) Is the applicant the subject of a child support warrant or has the applicant failed to pay a court-ordered child support obligation in an amount equal to or more than the amount of child support payable for six months, failed to pay any court-ordered health care coverage for the past six months or failed to respond to a subpoena relating to a paternity or child support proceeding? — Yes — No If "Yes," see the instructions
	(c) Check the appropriate box below which indicates your citizenship/immigration status. ☐ U.S. citizen ☐ Alien lawfully admitted for permanent residence in U.S. ☐ Other immigration status qualifying for work ☐ Other

If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

6.	Provide the applicant's Federal Employer Identification Number (FEIN):
	You <u>must</u> provide your Social Security number to the Regulated Business Section. Failure to do so will result in denial/nonrenewal of licensure or certification.
	*Social Security Number:
	*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7,60.8 and 60.9, the Section is required to obtain your Social Security number. Pursuant to these authorities, the Section is also obligated to provide your Social Security number to:
	 a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records; and
	b. the Probation Division or any other agency responsible for child support enforcement, upon request.
7.	If the warrantor is not a sole proprietorship, provide the warrantor's Federal Employer Identification Number ("FEIN")
8.	List all of the administrators designated by the Warrantor to administer vehicle protection product warranties in New Jersey.
	Name:
	Street Address (no post office boxes):
	Telephone (include area code):
	Use additional sheets of paper if necessary.
9.	Identify the insurance company providing the warranty reimbursement insurance policy coverage.
	Name:
	Street Address (no post office boxes):
	Telephone (include area code):
	(Include a copy of the Warranty Reimbursement Policy with your application.)
10.	Provide the name and address of an agent in the State of New Jersey for service of process.
	Name:
	Street Address (no post office boxes):
	Telephone (include area code):
11.	Is the Warrantor licensed or registered as a Vehicle Protection Product Warrantor in any other state or jurisdiction? Yes No
	If "Yes," list all of the other states or jurisdictions in which the Warrantor is registered or licensed.

12.	List type(s) of vehicle products warranted:
	□ alarm system□ body-part marking product
	☐ steering lock
	□ window-etch product
	□ pedal lock□ ignition lock
	☐ fuel and/or ignition kill switch
	tracking device (electronic, radio or satellite)
	□ other (please specify)
	Certification
	I, as a principal officer of the Warrantor, certify:
1.	The warranty reimbursement insurance policy detailed in response to Question Nine of this application, is issued by a licensed insurer that has filed its policy form and rating system with the New Jersey Department of Banking and Insurance at least thirty (30) days prior to the date of this application: and
2.	The insurer detailed in response to Question Nine has not been notified by the Department of Banking and Insurance that the filing has been disapproved.
3.	The warrantor uses (number) of forms of warranty. I have attached a copy of every form of warranty used by the Warrantor.
4.	All the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny registration or to withhold renewal of or suspend or revoke a registration issued by the New Jersey Division of Consumer Affairs.
	Name of Warrantor Your Name (please print)
	Your Title Your Signature
	Date
	Vehicle Protection Product Warrantor Registration Application Checklist
Ple	ease submit the following to the New Jersey Division of Consumer Affairs' Regulated Business Section:
	124 Halsey Street, 7th Floor P.O. Box 45028 Newark, NJ 07101
	A completed application A check in the amount of \$1,000 payable to the "New Jersey Division of Consumer Affairs" Form(s) of Warranty Reimbursement Insurance Policy A copy of each type of warranty used by the Warrantor Copies of business documents.